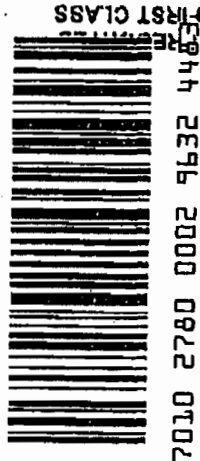


KAREN M. MARTIN
CLERK OF THE CIRCUIT COURT
PORTER COUNTY COURTHOUSE
16 LINCOLNWAY • SUITE 209
VALPARAISO, INDIANA 46383

CERTIFIED MAIL



7010 2780 0002 9632 44831

FIRST CLASS



Hester

016H26518730

\$05.99

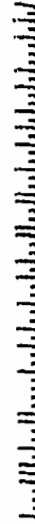
07/13/2011

Mailed From 46383

US POSTAGE

NCO FINANCIAL SYSTEMS INC
507 PRUDENTIAL RD.
HOESWAM, PA. 19044

19044\$2368



EXHIBIT

"A"

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

STATE OF INDIANA) IN THE PORTER SUPERIOR COURT
) SS:
COUNTY OF PORTER) Case Number: 64D 05-1107-CT-6452

MINNIE K. AUGUSTINOVICH,)
PLAINTIFF,)
)
VS.)
)
NCO FINANCIAL SYSTEMS, INC.)
DEFENDANT.)

APPEARANCE BY ATTORNEY IN CIVIL CASE

This Appearance Form must be filed on behalf of every party in a civil case.

The party on whose behalf this form is being filed is:

Initiating X Responding _____ Intervening _____; and

the undersigned attorney and all attorneys listed on this form now appear in this case for the following parties:

Name of party MINNIE K. AUGUSTINOVICH

Address of party (see Question # 6 below if this case involves a protection from abuse order, a workplace violence restraining order, or a no-contact order)

Telephone # of party _____

(List on a continuation page additional parties this attorney represents in this case.)

Attorney information for service as required by Trial Rule 5(B)(2)

Name: Michael P. McIlree Atty Number: 19847-45
Address: 821 E. Lincolnway, Ste. 1, Valparaiso, IN 46383
Phone: 219-548-1800
FAX: 219-548-5905
Email Address: mcilree1@aol.com

(List on continuation page additional attorneys appearing for above party)

This is a CT case type as defined in administrative Rule 8(B)(3).

FILED
CLERK KAREN M. MARTIN
2011 JUL 12 PM 3:47
PORTER CIRCUIT CLERK
OFFICE OF THE CLERK
PORTER COUNTY, INDIANA

I will accept service by FAX at the above noted number: Yes X No

This case involves child support issues. Yes ☐ No ☒ (If yes, supply social security numbers for all family members on a separately attached document filed as confidential information on light green paper. Use Form TCM-TR3.1-4.)

This case involves a protection from abuse order, a workplace violence restraining order, or a no – contact order. Yes _____ No X *(If Yes, the initiating party must provide an address for the purpose of legal service but that address should not be one that exposes the whereabouts of a petitioner.)* The party shall use the following address for purposes of legal service:

Attorney's address

The Attorney General Confidentiality program address
(contact the Attorney General at 1-800-321-1907 or e-mail address is
confidential@atg.state.in.us).

Another address (provide)

This case involves a petition for involuntary commitment. Yes No X

8. If Yes above, provide the following regarding the individual subject to the petition for involuntary commitment:

a. Name of the individual subject to the petition for involuntary commitment if it is not already provided in #1 above: _____

b. State of Residence of person subject to petition: _____

c. At least one of the following pieces of identifying information:

(i) Date of Birth _____

(ii) Driver's License Number

State where issued	Expiration date

(iii) State ID number

State where issued / Expiration date

(iv) FBI-number

(v) Indiana Department of Corrections Number

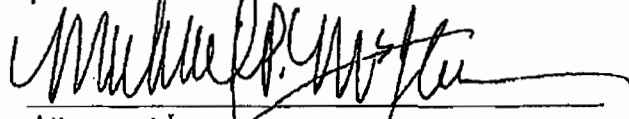
(vi) Social Security Number is available and is being provided in an attached confidential document Yes ☒ No ☐

9. There are related cases: Yes ☐ No ☒ (If yes, list on continuation page.)

10. Additional information required by local rule:

11. There are other party members: Yes ☐ No ☒ (If yes, list on continuation page.)

12. This form has been served on all other parties and Certificate of Service is attached:
Yes ☐ No ☒



Attorney-at-Law
(Attorney information shown above.)

STATE OF INDIANA)
) SS: IN THE PORTER SUPERIOR COURT
 COUNTY OF PORTER) 16 Lincolnway, Valparaiso, IN 46383
 MINNIE K. AUGUSTINOVICH,)
 PLAINTIFF,)
 VS.)
 NCO FINANCIAL SYSTEMS INC.)
 DEFENDANT.)

SUMMONS

CASE NO. 64D05-1107-CT 645-2

FILED
 CLERK KAREN M. MARTIN
 2011 JUL 12 PM 3:46
 PORTER CIRCUIT AND
 SUPERIOR COURTS

TO THE DEFENDANT: NCO FINANCIAL SYSTEMS INC., 507 PRUDENTIAL RD.,
 HORSHAM, PA 19044

You have been sued by the person(s) identified as "Plaintiff" in the court stated above.

The nature of the suit against you is stated in the COMPLAINT which is attached to this SUMMONS. It also states the demand which the Plaintiff has made against you.

You must either personally or by your attorney file your written answer to the COMPLAINT with the Clerk within twenty (20) days commencing the day after this Summons and the COMPLAINT were personally served upon you or your agent or left for you by the Sheriff or other process server.

In the event the SUMMONS AND COMPLAINT were left for you and you then receive by first class mail (not certified) a copy of the SUMMONS alone, this mailing is merely a confirmation that the SUMMONS and COMPLAINT were previously left with you. You should not consider the date on which you receive the mailed SUMMONS as the commencement date for the time period allowed for you to answer. Rather, the time period allowed for your written answer commences on the date when the SUMMONS and COMPLAINT were first personally served upon you or your agent or left for you by the Sheriff or other process server.

However, if you or your agent first receive the SUMMONS and the COMPLAINT by certified mail, you have twenty-three (23) days from the date of receipt to file your written answer with the Clerk.

If you fail to answer the COMPLAINT of the Plaintiff within the times prescribed herein, judgment may be entered against you for what the Plaintiff demanded.

If you have a claim against the Plaintiff arising from the same transaction or occurrence, you may be required to assert such claim in writing together with your written answer.

The following manner of service is hereby designated: CERTIFIED MAIL

Michael P. McIlree, Attorney for Plaintiff
 821 E. Lincolnway, Ste. 1, Valparaiso, IN 46383
 (219) 548-1800
 Atty. No. 19847-45

Date: 7/13/11

Karen M. Martin
 KAREN M. MARTIN, CLERK

PREPARATION DATA:

All Summons are to be prepared in triplicate with the original of each to be placed in the Court file with two copies available for service. If service is by certified mail a properly addressed envelope shall be provided for the Defendant. Certified mail label and return envelopes must also be furnished for each mailing and the cause number must appear on each return receipt, which shall be returned to the Clerk at the address of the Court.

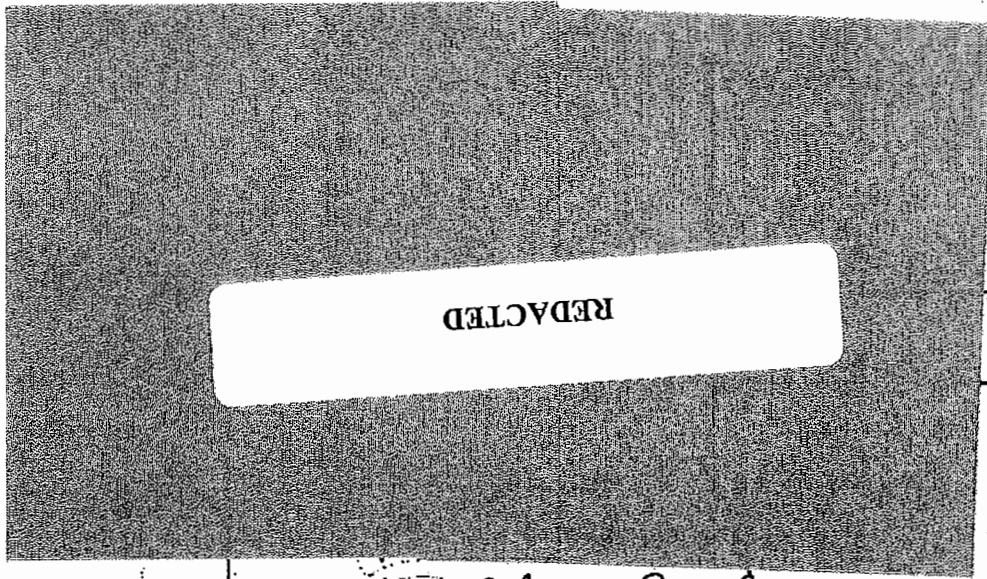
7010 1870 0002 8911 6588	
U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only. No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES	
Postage	\$0.44
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$2.30
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$5.54
Sent To: _____ Street Apt. Rm.: _____ or PO Box No.: _____ City State ZIP+4: _____	

0368 95

Postmark
Hemp
1102 5

01/05/2009 8911

POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



REDACTED

• Sender: Please print your name, address, and ZIP+4 in this box •
Minnie Kay Augustinovich

First-Class Mail[®]
Postage & Fees Paid
USPS
Permit No. G-10



UNITED STATES POSTAL SERVICE

PS Form 3811, February 2004 Domestic Return Receipt		102505-02-11-1540
2. Article Number (Transfer from service label)		7010 1670 0002 8911 5588
1. Article Addressed to:		
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		
NCO Financial System Inc 501 Prudential Rd Holsen, PA 19044		
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:		
B. Received by (Printed Name) <input checked="" type="checkbox"/> Signature <input checked="" type="checkbox"/> Agent C. Date of Delivery 1/10		
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No		
COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION		